



SC School Nursing End of the Year Survey: District Summary (2007 – 2008)

(Please complete one summary per school district)

Person Completing:	Title:	Date:
School District:		Phone:

Total Number of Nurses	Licensure	Educational Level
_____	_____ APRN _____ RN _____ LPN	_____ PhD/ND _____ Diploma (RN) _____ MEd _____ MN/MSN List Others: _____ MPH _____ BSN _____ ADN

Total Number of Schools	# of Schools by Type	# of Schools with Full Time RN	# of Schools With Full Time LPN
_____	_____ Elementary _____ Middle _____ High _____ Other	_____ Elementary _____ Middle _____ High _____ Other	_____ Elementary _____ Middle _____ High _____ Other

Are school nurses in your school district clinically supervised by a registered nurse? ☐ Yes ☐ No

A. Chronic Health Conditions

Health Condition	# Students					# with IHP					# with 504 Plan				
	Elem	Mid	High	Other	Total	Elem	Mid	High	Other	Total	Elem	Mid	High	Other	Total
ADD / ADHD															
Allergies (Severe)															
Asthma															
Diabetes															
Epilepsy															
Psychiatric Disorders*															
Sickle Cell Anemia															

*In the count for "Psychiatric Disorders" include depressive disorders, anxiety disorders, phobias, conduct disorders and pervasive developmental disorders. Students with ADD/ADHD should be counted separately in the appropriate row noted above.

Number of other students with an IHP: _____

List the health conditions related to the IHPs for other students not listed in the table: _____

List the number of students who self-monitored and/or self-medicated independently by grade and then sum the numbers to reflect the district's total.

K	1	2	3	4	5	6	7	8	9	10	11	12	Total

Approximate number of hours that school nurses spent developing IHPs, Emergency Action Plans, 504 Accommodations Plans, and IEPs: _____

B. Home Visits

Number of home visits made by school nurses during this school year: _____

C. Screening

Screening	# Students Screened	# Referred	# Referrals Completed
Blood Pressure			
BMI			
Dental			
Hearing			
Postural			
Vision			

D. Injuries & Emergencies at School or School Related Functions During School Day

List the number of students who experienced emergencies or injuries during the school day where such emergencies or injuries required a referral for immediate medical intervention.

Injury / Emergency	# Students	Injury / Emergency	# Students
Anaphylaxis		Heat Related Emergency	
Back Injury		Laceration	
Dental Injury		Psychiatric Emergency	
Eye Injury		Respiratory Emergency (not anaphylaxis)	
Fracture		Sprain / Strain	
Head Injury		Other:	

How many student injuries or emergencies resulted in permanent disability? _____ death? _____

Location of incident(s) resulting in permanent disability or death: _____

E. Other Student Health Concerns

List the number of known pregnancies for each grade level and then sum the numbers to reflect the district's total.

K	1	2	3	4	5	6	7	8	9	10	11	12	Total

Total # of suspected child abuse or neglect / sexual abuse cases reported by school nurses: _____

F. Health Promotion Activities

List the number of health promotion activities involving students, faculty/staff, or the school community where school nurses were involved with development or implementation of the activity.

Activity	#	Activity	#	Activity	#
Health Fair		Substance Abuse		Infection Control	
Physical Activity		Hygiene		School Health Committee	
Nutrition		Reproductive Health Issues			
Tobacco Use		Chronic Health Conditions			

How many hours did school nurses spend working on the development of and/or the implementation of the above activities? _____

G. Personal Professional Development

List the number of personal professional development activities completed by school nurses from June 1, 2007 to May 31, 2008.

Activity	#	Activity	#	Other Activities	#
Conference		Teleconference / Video			
Workshop		On-line Educational Offering			
Meeting		Journal Educational Offering			
School District Sponsored Training		College / University Course			

How many hours (actual clock hours) of professional development did school nurses complete from June 1, 2007 to May 31, 2008? _____

Please return survey by June 30, 2008 to:

Cathy Young-Jones, RN, MSN
 School Health Nurse Consultant
 SCDHEC – WCS
 1751 Calhoun Street
 Columbia, S.C. 29201

Thank you for your voluntary participation in this survey.